



Water and Sewer Department  
P.O. Box 330316  
3071 SW 38<sup>th</sup> Avenue – Room 247  
Miami, Florida 33233-0316  
T 305-665-7477 F 786-552-8763

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

Re: UNDERGROUND/CONCEALED LEAK ADJUSTMENT REQUEST

Account No.: \_\_\_\_\_

Dear Customer:

In order to process your request, please provide information regarding your leak repairs below. A partial payment should be sent with your request. A payment in the amount of your average bill and any prior balance is advised. **Please note that no credits are issued on visible leaks such as toilets, water heaters, faucets etc.**

**If a licensed plumber did not do the repairs, the department has to visually inspect your repairs, and a \$30.00 inspection service charge will be charged. The repair must remain exposed for our inspector to verify. If the repair is in a hazardous traffic area, please take appropriate pictures before covering.**

**No credits are issued due to leaks caused by contractors or companies breaking consumer's water lines. It is advised that the responsible company's claims department is contacted. A claim for reimbursement of the increased bill should be requested.**

Any credit issued will be reflected on an adjusted bill forwarded to you upon completion of our investigation. If there is a problem with your request, you will be notified.

Sincerely,

Customer Relations Branch  
Miami-Dade Water and Sewer Department

Re: Underground/Concealed Leak Adjustment Request

Attached are copies of the repair bill(s) and/or a letter from the company or person(s) completing repairs. I understand upon inspection by the Miami-Dade Water and Sewer Department, if all leakage was corrected and consumption has decreased, I may be considered for a credit. I also accept the \$30 service charge if the repairs require an inspection and agree to pay this charge even if my request for a concealed leak adjustment is denied.

I repaired an underground/concealed leak at \_\_\_\_\_ (Service address)

Plumber's License # (include letters & numbers) \_\_\_\_\_ check Fla State \_\_\_\_\_ or Miami-Dade County \_\_\_\_\_

The exact type and location of the repair was:


Date of repair: \_\_\_\_\_ Included is my payment in the amount of \$ \_\_\_\_\_. Payments may also be made on-line at [www.miamidade.gov](http://www.miamidade.gov) or by calling toll free 1-877-565-9300.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone # (W)

\_\_\_\_\_  
Phone # (H)

**IMPORTANT NOTICE TO CUSTOMERS:**

Quarterly accounts receiving a bill six (6) times or more over their average prior bills, due to a leak, may qualify for a one-time lifetime 100% extraordinary credit relief upon completing repairs. Any other high bills with verified repairs may still qualify for a regular leak credit ranging from 25% to 50%. Please sign below if you wish to take advantage of this one-time extraordinary credit at this time.

\_\_\_\_\_  
Customer Signature